

03500.014198.1



PATENT APPLICATION

#85
Amdt 4
SDaw
11/10/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

SHOGO KAWAMURA ET AL.

Application No.: 09/986,808 ✓

Filed: November 13, 2001 ✓

For: A METHOD FOR MANUFACTURING
AN INK JET RECORDING HEAD, AN
INK JET RECORDING HEAD ✓
MANUFACTURED BY SUCH METHOD
OF MANUFACTURE, AND AN INK JET
RECORDING APPARATUS HAVING
SUCH INK JET RECORDING HEAD
MOUNTED THEREON

Examiner: M. Brooke

Group Art Unit: 2853

October 29, 2003

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated July 29, 2003, please amend the above-identified application as follows:

RECEIVED
OCT 30 2003
TECHNOLOGY CENTER 2800



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SHOGO KAWAMURA ET AL.

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AND AN INK JET RECORDING APPARATUS
HAVING SUCH INK JET RECORDING HEAD
MOUNTED THEREON

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Commissioner for Patents

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Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.


The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13	MINUS	20	0	x \$ 9 \$18	\$0.00
INDEP. CLAIMS	1	MINUS	3	0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145/\$290						\$0.00
			TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---			\$0.00

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R §§1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the Extension fee for response within ____-month is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our below-listed address.

Respectfully submitted,



Attorney for Applicants
Douglas W. Pinsky
Registration No. 46,994

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